

Where there is no intervention: Insights into processes of resilience supporting war-affected children

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Abstract

The last decade has been marked by increasing attention to rigor in the evaluation of interventions that seek to promote the mental health and psychosocial well-being of children in crisis contexts. One of the key markers of such rigor has been the increased adoption of strong quasi-experimental designs, where children receiving an intervention are compared to children not receiving the intervention. While usually not randomly assigned to such conditions, children in the ‘intervention’ and ‘comparison’ groups are generally assumed to have had similar experiences other than in relation to exposure to the intervention. The use of such designs – when planned and implemented on a sound ethical basis – can significantly strengthen the capacity to make appropriate attribution of any changes observed by exploring the counterfactual case: what happens when there is no intervention? This question is usually supplementary to questions about the outcomes observed in children receiving the services being evaluated and crucial to inference regarding such outcomes. However, this paper argues that data from comparison groups has major value in its own right. Indeed, it represents a major untapped source of reflection on processes of resilience in humanitarian contexts. We use as a foundation for our analysis three studies completed over the last decade which examined the impact of protective and psychosocial interventions for war-affected children in Sierra Leone and Uganda. The interventions considered include programs fostering reintegration of formerly abducted children, structured activities in schools and child friendly spaces established in refugee settlements. In each case, however, our focus is not on the group that received greatest attention in the original reports – the children receiving the intervention – but on those that did not. Analysis indicates the powerful forces which promote recovery in situations of conflict and the

need for interventions to be more mindful that their core function is to bolster such engagement and not seek to drive recovery.

Key words: mental health, psychosocial, wellbeing, resilience, conflict, children

WHERE THERE IS NO INTERVENTION: INSIGHTS INTO PROCESSES OF RESILIENCE SUPPORTING WAR-AFFECTED CHILDREN

Resilience as a Framing Concept for Intervention with War-affected Children

There is growing use of the concept of resilience among practitioners, academics and policymakers to frame humanitarian and development programming. Donor agencies, such as USAID and DFID, are explicitly outlining principles of resilience that emphasize the potential of communities to mitigate the effects of crises and rebound faster and to a state above pre-disaster levels, commonly referenced in the field as *building back better* (Ager, Annan, & Panter-Brick, 2013). This reflects wider adoption of the concept of resilience as a frame for understanding the experience of children in situations of adversity and the nature and role of service provision to support their negotiation of risks and threats (Ungar, Ghazinour, & Richter, 2013; Panter-Brick & Leckman, 2013).

However, challenges remain in the operationalization of resilience, particularly in humanitarian contexts. Documentation of contributing factors that are protective and promotive of resilient outcomes in children typically remains limited beyond documentation of the presence or absence of symptomology related to constructs of psychopathology, generally linked to DSM-IV or other criteria developed in high-income countries (HICs) (Tol, Song, & Jordans, 2013). The majority of studies of mental health and psychosocial well-being for children affected by war are treatment focused and implemented on peer and school-levels (Betancourt, Meyers-Ohki, Charrow, & Tol, 2013; Jordans, Tol, Komproe, & de Jong, 2009; Tol, Song, & Jordans, 2013). Evaluation of the effectiveness of these interventions is heavily reliant on evaluative measures related to PTSD, depression and anxiety. Our recent review, *Methodologies and Tools for Measuring the Mental Health and Psychosocial Wellbeing of Children in Humanitarian*

Contexts, which aimed to support practitioners seeking to identify appropriate tools to rigorously and feasibly measure mental health and psychosocial support (MHPSS) outcomes and impacts in challenging contexts (Ager, Robinson, & Metzler, 2014), found evaluative methods continue to predominantly reflect adoption of a deficit-model, examining evidence of psychopathology.

Interventions and evaluations with a deficit focus can, of course, inform more preventive, resilience-focused work through the identification of factors that are associated with the amelioration of mental health symptomology. The framing of protective and promotive factors influencing the adjustment and well-being of children has been an influential approach for many decades. However, there has been a recent trend away from this approach in favor of a multi-systems analysis that examines the pathways of resilience, developmental trajectories of children, and – in some instances - biological responses to adverse events (Masten, 2011, 2014; Tol, Song, & Jordans, 2013). Current movement towards a fuller understanding of resilience has shifted discourse towards systems thinking and the assessment of adaptive processes and capacities at work within a socio-ecological nesting of individual, familial, community and societal systems (Ager, 2012; Masten, 2014).

Ungar and colleagues' work represents a particularly valuable contribution to these developments with an emphasis on resilience as “both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways” (Ungar, 2011, p.10). This definition supplements a focus on measures of recovery from adversity with attention to processes that facilitate the identification and securing of resources supporting such recovery.

Conflict is now widely understood to affect a child not only by direct exposure to threats and stressors, but by the disruption of the multiple layers of social fabric that support their developmental trajectory. Resilience-based programming aims to build on the strengths and capacities of the individual, but also address means to protect the resources of families, peers, schools, community organizations and societal structures supportive of their health and wellbeing (Ager et al., 2013). Better understanding of the complex linkages between the layers the social ecological system influencing outcomes for children – including factors that support both navigation to and negotiation for resources - is vital for identifying pathways of resilience for children in contexts of adversity and determining good practice in evidence-driven interventions (Masten, 2014).

An early attempt to conceptualize such linkages was reflected in the framework developed by the Psychosocial Working Group (PWG, 2003). The work of this group is widely seen to have promoted an understanding of psychosocial intervention in complex emergencies that links programming strategy to existing social and cultural resources (Meyer, 2013), which is subsequently most fully represented in the Inter-Agency Standing Committee (IASC) *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (2007). However, the PWG framework does not just assert the value of resources – framed with respect to the domains of

Insert Figures 1a and 1b About Here

human capital, social capital and cultural capital – of value to support recovery. It suggests that resources available to communities are best understood not as fixed assets to support recovery but as forms of capital to be invested in securing further resources relevant for recovery.

Echoing Hobfoll's notion of 'resource acquisition spirals' (2004), resources are dynamically deployed to engage in a context of adversity and establish a recovery pathway. Connections through kinship networks (representing social capital) may identify individuals with key skills and knowledge regarding access to vocational training (human capital) which, for example, a household of youth with a disability may presumptively access because of prevailing norms of reciprocity (cultural capital). Attending a vocational training program strengthens the youth's social linkages (social capital) as well as human capacity, both of which provide leverage to secure additional resources for the household.

Mapping how familial and community resources support recovery following conflict in this manner is of crucial importance in emphasizing local actors' proactive engagement in addressing adversity, and countering a construction of passive 'beneficiaries' of programming. This understanding is fundamental to inform child-focused programming in humanitarian settings. In the psychosocial field, practice and policy statements now frequently signal that local resources and agendas should be the foundation for interventions (CPWG, 2014; UNICEF, 2015). 'Community-based child protection mechanisms' are increasingly seen as the key resource supporting children's well-being in a culturally appropriate and sustainable manner (Wessells et al., 2012; Wessells, 2015). What sources of data can facilitate deeper understanding of such community resources and mechanisms?

Learning About Resilience from Comparison Conditions in Intervention Studies

Longitudinal studies potentially represent the most promising approach to understand the multiple influences shaping a child's developmental trajectory in the context of adversity (Betancourt et al., 2013; Ager et al., 2012). Betancourt and her colleague's long-term follow-up

with former child combatants illustrate the potential power of such analyses. Their prioritization is important, although there are major ethical, logistical and funding challenges in supporting such work with conflict-affected populations. Studies presenting a descriptive epidemiology of the circumstances of a group or population over time may be very insightful regarding local mechanisms of resilience, but it is seldom feasible or ethical in situations of extreme adversity to simply map local recovery without humanitarian assistance. Abebe's work with communities impacted by the Ethiopian-Eritrean war, where interventions by external agencies were planned but not delivered, is a rare example of such a study, which provided rich insights into the community mechanisms which promoted recovery (Abebe, 2005; Ager, Strang, & Abebe, 2005).

However, there is a far more common circumstance that provides insight into community processes of resilience: intervention studies that collect data on the experience of individuals who did not receive interventions. These control or comparison groups are generally used simply as a basis for counterfactual analysis, determining what change observed within an intervention group may reasonably be attributed to exposure to that intervention. However, we suggest that data from such groups provides valuable insight in their own right regarding processes of community recovery.

We use this review to reflect on what we can learn from the recovery of groups that did not receive intervention support that were studies in the context of intervention impact studies. Studies of comparison groups from interventions deployed in Sierra Leone and Uganda reveal the resilience of communities and highlight the possibilities for intervening agencies to build upon existing community resources and processes of healing and recovery.

An Evaluation of a Program to Support the Reintegration of Girls and Young Women Formerly Associated with Armed Groups and Forces in Sierra Leone

During the decade-long civil war in Sierra Leone in the 1990s, the Revolutionary United Front (RUF) was known for its brutal maiming tactics and forced recruitment of children as soldiers (including as wives). Formerly recruited girls and young women were largely excluded from formal disarmament, demobilization, and reintegration (DDR) processes and subject to an exorbitant amount of discrimination and stigmatization upon reintegration into their communities. In 2001, Christian Children's Fund of Sierra Leone (CCF) initiated the Sealing the Past, Facing the Future (SEFAFU) program to address these challenges and included a multitude of components: traditional cleansings, health screenings, vocational training, micro-credit, and awareness-raising activities for the broader community to reduce stigma.

Ager et al. (2010b) reported on a study aiming to establish the impact of the SEFAFU program. Participatory ranking methodology and a modified 'free-listing' activity were used to define and prioritize culturally specific indicators of reintegration. These comprised marriage, community acceptance (marked by invitation to community events such as weddings), engagement with women's *bondo* societies (traditional initiation societies for women), and the attainment of a 'steady head' (a local term used to refer to the re-establishment of mental clarity after the spiritual pollution and forced drug use that characterized abduction). Structured interviews were completed with 142 girls between the ages of 17 and 25 years; 74 who had attended the programme and 68 who resided in matched communities not receiving the programme. A local calendar of events was developed during participatory discussions with community leaders, members and youth to help support the accuracy of retrospective survey

reporting.

Insert Figure 2a and 2b About Here

A matched pair-wise comparison design was used to compare the experience of girls exposed to the intervention and those – matched on a range of variables including abduction experience – from neighboring communities that had not. Despite the complexity of girls returning at different times, and thus having differential exposure to the four-year-long intervention, a significant impact of the intervention on the majority of the selected indicators of integration - including community acceptance, *bondo* engagement and the attainment of a ‘steady head’ - was identified.

However Figure 2, documenting attainment of the targeted indicators of integration over the time period following return from the bush, shows that such effects need to be interpreted in the context of the wider trajectory of individual, familial and community recovery. On the measure of engagement within *bondo* (see Figure 2b), for three years after return from the bush, girls and young women without exposure to the intervention progressed towards acceptance at a rate equal to, and at times exceeding, those who were within communities where the SEFAFU program was operating. It was only after this period that the trajectory of girls and young women in intervention communities towards acceptance accelerated ahead of those in comparison communities. On this measure, the influence of the intervention is not so much driving change as sustaining it when other community mechanisms appear to have been unsuccessful in promoting integration.

A rather different picture is reflected with respect to the measure of securing marriage.

This was one of the measures nominated by girls and young women to indicate community integration for which the intervention was found to have no impact. Indeed, as Figure 2a suggests, although there was no overall difference between intervention and comparison groups in the number of girls and young women who had secured marriage at the time of the study, the cumulative percentage of the former had generally led the latter by between 10 and 20 percentage points for most of the period following return from the bush. Engagement with the program appears to have had decelerated the rate of girls and young woman securing marriage or, in other terms, disrupted local processes that operated to achieve this outcome. While marriage was nominated by young girls and women as an indicator of successful integration, data on quality of marriage indicated that although girls who had engaged with the SEFAFU program secured marriage later, they reported higher satisfaction in the quality of those marriages. The impact of the intervention needs, therefore, to be understood in terms of interaction with familial and community processes which sought to secure marriage for formerly abducted girls in which the additional resources and capacities acquired through the program facilitated deferred but more favorable unions.

Finally, the intervention focus of this study served to draw attention to the potential role of cleansing ceremonies in countering fear and stigma and enabling community integration. This is attention is warranted, but was not only a feature of the intervention programme. 68% of the young women and girls matched on date of marriage with those from the comparison community had experienced a cleansing ceremony organized by their own family.

In summary, focus on the trajectories of the formerly abducted girls and young women within the comparison communities suggests three conclusions. First, intervention impacts occur in the context of a trend towards adaptation fostered by resources beyond the intervention.

Second, interventions influence individual, familial and community processes in a complex manner to accelerate/decelerate and constrain/enhance valued outcomes. Third, effective familial and community processes – such as cleansing ceremonies - may be co-opted by interventions and vice-versa.

The Impact of a School-based Psychosocial Structured Activities Program on Conflict-Affected Children in Northern Uganda

Nearly 2 million people were displaced in northern Uganda after more than two decades of conflict between the Lord's Resistance Army (LRA) and Ugandan government forces. Entire communities came to live in cramped camps with poor sanitation and restricted livelihood opportunities in the districts of Gulu, Amuru, Kitgum and Pader. Children were severely impacted by LRA tactics aiming to degrade the social fabric through the forced recruitment and abduction of children, enlisted to serve as combatants, porters, and 'bush wives' throughout the conflict. Disruptions in the school system left a quarter of a million children of school age without access to education. Through 2007 and 2008, in partnership with 21 government schools in severely affected districts, Save the Children in Uganda implemented the Psychosocial Structured Activities (PSSA) intervention comprised of a series of 15 sessions designed to increase children's resilience through structured activities involving drama, movement, music and art among other activities.

A modified version of brief ethnographic interviewing and 'free-listing' exercises were used to determine local understandings of child well-being and resilience as viewed by caregivers, teachers, and children. Preliminary responses were consolidated to six indicators which were then used to provide a composite score - addressing both well-being outcomes and

resilience capacities - for each group (Hubbard, 2008; Ager, Ager, Stavrou, & Boothby, 2011a). Interviews with 403 children aged 7 to 12 years were conducted prior to the start of PSSA activities (Ager et al., 2011b). 203 of these children subsequently attended PSSA activities and 200 of these children did not attend because their schools were waitlisted for the next programmatic cycle (thus providing a control group). For each child, a parental and teacher's interview were also completed. Interviews were repeated 12 months later, following the completion of the first PSSA program cycle, and before scheduled scale-up to schools that had served as a wait-list control. There were no significant differences on baseline measures of child-, parent- and teacher-reported measures of well-being and resilience between those in intervention and control groups, nor between those who were retained in the study at follow-up and those who were not (generally due to return migration).

Insert Figure 3 About Here

Pre-post comparison of child and parent ratings of child well-being and resilience indicated a significant impact of the intervention. Children, parents and teachers reported children's well-being to have improved over the evaluation period regardless of participation in PSSA activities, but there was a significantly greater improvement with participation in the ratings of children and parents. Principally, as illustrated in Figure 3, this reinforces the notion that the impact of interventions needs to be understood in the context of individual, familial and community processes that are also actively promoting adjustment. The figure reflects that, from the perspectives of children, parents and teachers alike, local mechanisms had been supporting the recovery of children. For children and parents, exposure to psychosocial structured activities

appears to have accelerated this recovery, but cannot reasonably be seen to have driven it.

The design afforded little opportunity to understand the individual, familial and community processes that were supporting recovery in the area, although this period was clearly marked by a gradual reestablishment of economic and social activity (including cultivation of land and trading). Figure 3 depicts the wide variation in trajectory across individuals but, overall, girls and older children were rated as having secured greater gains in well-being than boys or younger children, respectively. The former could reflect local processes being better suited in the early post-conflict period to reestablish household-focused social roles for girls than the more externally-focused roles of boys. In the context of crowded schools (often serving both a morning and afternoon shift of children) and displaced persons camps, the latter may reflect the resources that older children could secure beyond the confines of school and camp on the basis of their enhanced mobility. Thus, processes supporting recovery that are apparent from considering the trajectories of children that have not received intervention are crucial to the understanding of the progress of children that have experienced intervention support.

Evaluation of Child Friendly Spaces for Congolese Refugee Children in Uganda

In late 2012, the March 23 Movement (commonly referenced as the M23) launched a major offensive on the capital of Goma in the North Kivu province of the Democratic Republic of Congo (DRC), displacing hundreds of thousands of people into the surrounding provinces and neighboring countries. In response to this forced displacement, the government of Uganda established several resettlement sites, mainly in the Western parts of the country.

An evaluation of eight Child Friendly Spaces (CFSs) implemented by World Vision Uganda and Save the Children in Uganda was completed in 2013 in Rwamwanja Resettlement

Center, located in Kamwenge District in Western Uganda (Metzler et al., 2013). CFS activities mainly targeted younger children aged 6 to 12 years with four-hour sessions offered each morning that included psychosocial activities such as traditional dance, storytelling and art as well as functional literacy and numeracy. Baseline data were collected with respect to 689 caregivers of children prior to the start of activities. These caregivers were traced and interviewed 3 to 6 months later. CFS attendance was determined by caregiver-report at follow-up, with the reliability and validity of such reports established through review of a sub-sample of 100 children's CFS attendance records.

Insert Figure 4 About Here

Figure 4 shows scores on psychosocial well-being at baseline and follow-up for children attending and not attending CFS. Earlier analyses have illustrated the situation where positive intervention impacts need to be interpreted in the context of wider trends towards improved adjustment. In the terms of the preceding discussion, this situation reflects intervention effects operating in the context of 'resource acquisition spirals' (Hobfoll, 2004). The data here is best understood with respect to the alternative scenario of a 'resource loss spiral'. The left-side of the figure indicates little change in well-being scores for either girls or boys during the period of exposure to the CFS intervention. This would be understood as a failure of intervention impact were it not for the data depicted in the right-side of the figure showing marked reductions in well-being for both girls and boys who had not attended CFS. The intervention was found to be highly impactful, therefore, but not in promoting enhanced well-being but rather in sustaining well-being in a context where individual, familial and community processes alone were unable to

protect children from the severe erosion of well-being in the harsh condition of resettlement.

In this instance, participative fieldwork conducted in parallel with structured surveys of children and their caregivers provides some deeper insight into the challenges faced by the refugee community. The conditions of the camp, and in particular the lack of opportunity for sustained livelihoods, created significant pressures towards onwards migration and further family fragmentation, as well as various forms of violence and abuse. Interventions within the CFS provided a safe respite from such concerns, but offered weak engagement with community processes that potentially would form the basis of longer-term, sustained support of children's well-being (World Vision International, 2015). Therefore, those not exposed to the intervention indicates that maintaining well-being represented a significant impact. It also points to the lack of local resources to sustain longer-term well-being of children within the confines of the resettlement area, and the value of external resources being targeted to bolster engagement with these circumstances.

Framing Intervention as the Bolstering of Local Engagement with Adversity

Each of the above studies has illustrated processes of recovery – marked through well-being – and resilience, and marked through navigating to and negotiating for resources supporting such recovery - amongst groups not in receipt of an intervention. In each case, interventions involving the deployment of external resources were impactful, but there was also evidence of local engagement of individual, familial and community capacities significantly shaping outcomes. It is not the argument of this paper that the interventions were unnecessary. Rather, it is argued that the effectiveness, efficiency, sustainability and appropriateness of interventions will be greater when they are planned in a manner that supports or bolsters local

engagement with adversity. Interventions need to be mindful of the resources available for supporting recovery in post-conflict communities and the mechanisms that are effective for securing those resources. Consideration of trajectories of recovery in groups not exposed to interventions is a powerful means of gaining insight into both.

We noted other means of gaining insight into local coping resources and their deployment earlier. Longitudinal studies are of particular power in this respect, though challenging in the circumstances of humanitarian response in post-conflict contexts (Ager et al., 2012; Betancourt et al., 2013). What is apparent from the studies reviewed above is that there is no substitute for real-time data collection regarding local engagement with adversity, and utilizing this information to inform the design of interventions. The PWG conceptual model reviewed earlier indeed recognizes the appraisal of such local engagement vital in choreographing the mobilization of appropriate external resources (PWG, 2003). As Figure 5 documents, not only the community affected by adversity can be conceptualized in terms of the resource domains that it can deploy. The external community of non-governmental agencies and their partners also constitute a community that can bring human capital, social capital, cultural capital and other resources to bear in a crisis. The question is how, and to what purpose, these resources are deployed. If they are conceived of as mechanisms to directly drive targeted outcomes – such as child protection and well-being – they may achieve impact. However, this strategy risks failing to utilize – or, worst, to undermine – mechanisms and strategies of local engagement that are likely to lie at the base not only of sustained recovery but also future resilience. Rather, external resources need to be deployed in a manner that supports or, perhaps most accurately, bolsters local engagement with prevailing challenges. This involves processes of negotiation between the affected and external, intervening communities that are appropriately

characterized in terms of reciprocal influence. In the terms of Figure 5, this means three things. First, local engagement needs to be mapped in a manner that reveals the individual, familial and community resources across domains of human, social and cultural capital that are being deployed in a manner to secure ‘resource acquisition spirals’ supporting recovery. Second, the areas of resource weakness and depletion that constrain such engagement – which will typically reflect the accumulation of risks at multiple levels - need to be identified. Third, external resources must then be mobilized in a manner that explicitly strengthens resource availability in areas that are undermining the effectiveness of local engagement, through the targeted deployment of external human, social and cultural capital. As noted, these processes do not simply involve actions by the external community upon the affected one but rather reciprocal influence, where implementing partners may gain nuanced understanding of local circumstances and processes supporting recovery and resilience.

Insert Figure 5 About Here

To illustrate with respect to some of the earlier examples, in Sierra Leone, it is apparent that local engagement with the challenge of reintegration of formerly abducted girls was mindful of the importance of marriage and the potential role of traditional cleansings to support community acceptance. Although the intervention was found to have impacted on targeted integration outcomes, elements that interacted directly with local processes of seeking unions – specifically strengthening capacity to avoid unsuitable and inappropriate matches for girls with significant social, cultural and educational disadvantage – and with local discourse on the role of traditional cleansings were clearly effectively positioned to capitalize upon local resource

mobilization. In the case of Rawanwanja, harsh camp conditions drove reductions in well-being over time for those not attending CFS. Exposure to the CFS intervention for a number of sessions each week will not plausibly have had substantial direct impact on those conditions; intervention impact must rather be understood in terms of having bolstered capacities to deal with such adversity, that is, strengthening resilience.

A commitment to the appraisal of local engagement with adversity and shaping intervention support accordingly is, in fact, central to the IASC MHPSS Guidelines (2007). This is implied in many of the 25 “minimum responses” specified in the guidelines, but is most explicit in responses grouped under ‘Community Mobilisation and Support’. Action Sheets 5.1 and 5.2 prompt facilitating conditions for community mobilization and community self-help respectively. Action Sheet 5.3 then focuses on the response - of especial relevance to the above discussion - to “Facilitate conditions for appropriate communal cultural, spiritual, and religious healing practices” (p. 106). A number of key actions are specified in the Action Sheet supporting this response, including “Learn about cultural, religious and spiritual supports and coping mechanisms” (p. 107) and “Facilitate conditions for appropriate healing practices” (p. 108), with a suggested indicator of achievement being “Steps have been taken to enable the use of practices that are valued by the affected people” (p. 108). As we have noted elsewhere, however, despite the prominence of this guidance and the rhetoric respecting local mechanisms of engagement, there are few strong examples of such appraisal deeply influencing intervention design and process (Ager, Abebe, & Ager, 2014).

For programming to be truly resilience-based, understanding local mechanisms of response cannot be dependent on *post hoc* analyses of counterfactual conditions, as here.

Appraisal of such mechanisms needs to be built into program design. This is in part a conceptual

or ideological challenge of acknowledging that local response rather than external expertise may be the key foundation of program design. However, it is also a technical one: mobilizing valid, culturally appropriate means of appraisal of local response in a context of substantial, and frequently urgent, humanitarian need. Practical methodologies to secure robust assessment of ongoing community engagement with adversity – the resources that are being deployed, the resources that are depleted, and the capacities for navigation to, and negotiation for, the resources required to support recovery – are, in this regard, vital. They should not only form the basis of baseline assessment but of program strategy and design.

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Figure 1a: PWG model showing resources domains supporting psychosocial well-being of communities (after PWG, 2003).

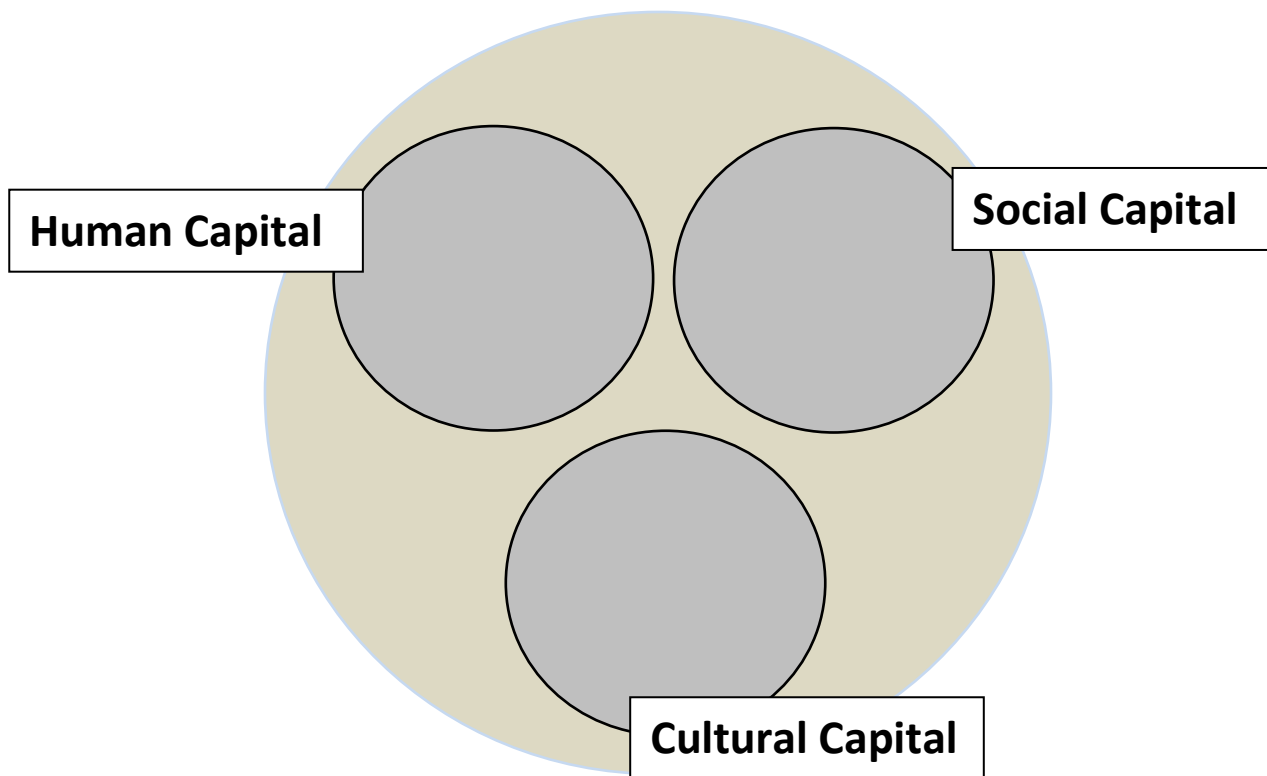
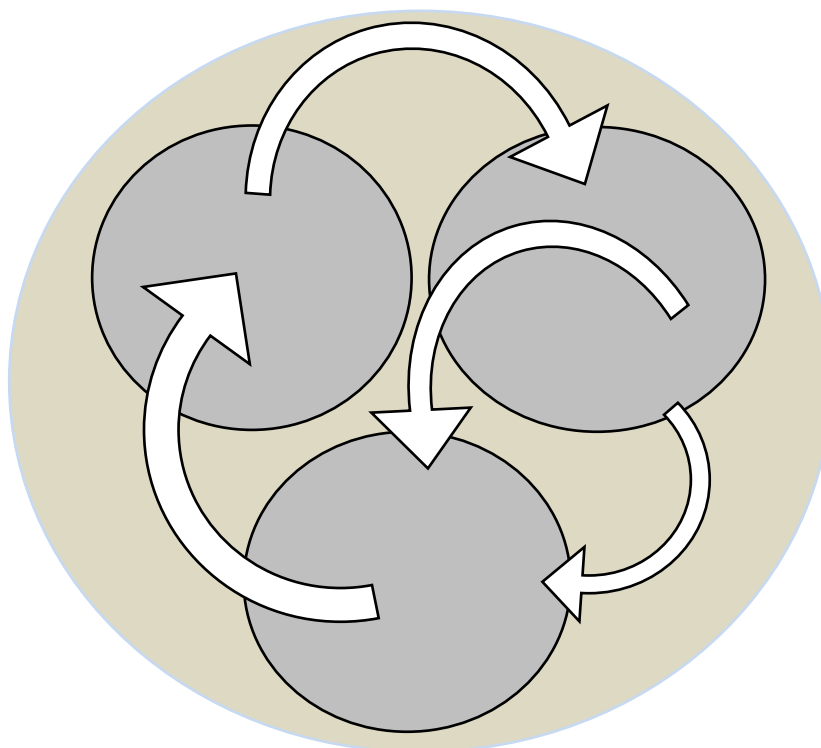


Figure 1b: PWG model showing acquisition (or loss) of resources across domains through engagement with adversity (after PWG, 2003).



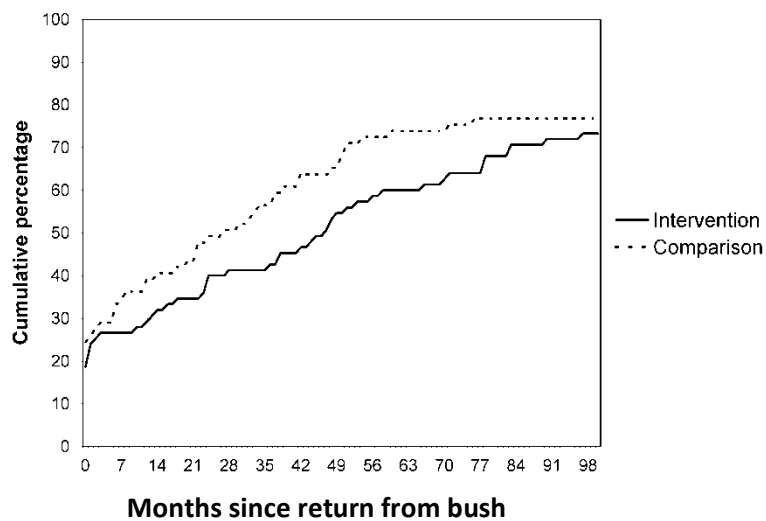


Figure 2a: Time to marriage after return from the bush (after Ager et al., 2010).

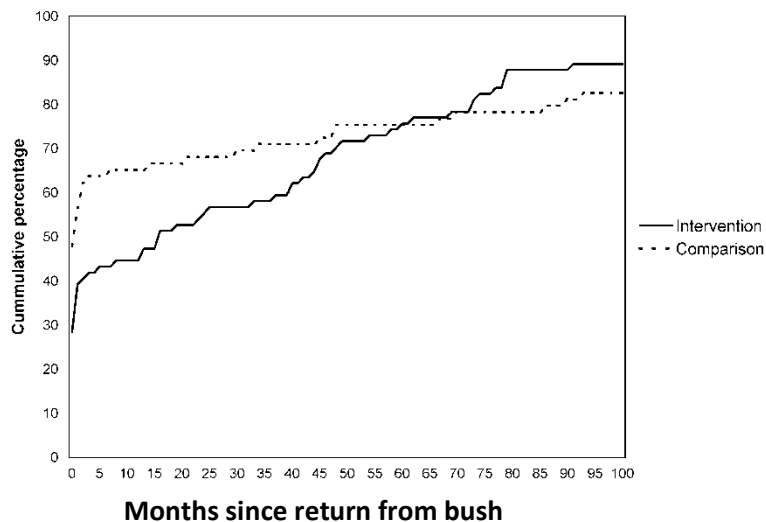


Figure 2b: Time to *bondo* acceptance after return from the bush (after Ager et al., 2010).

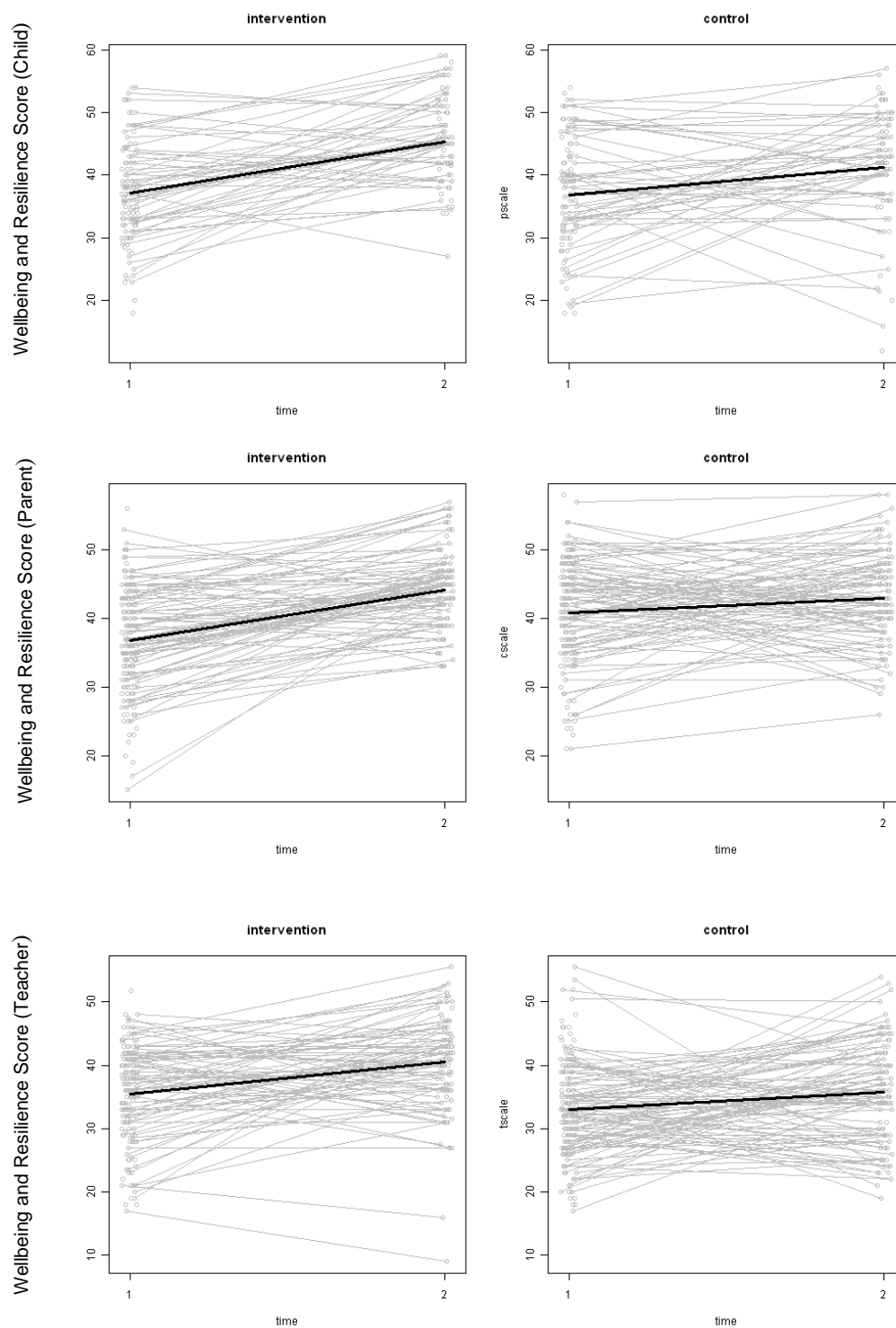


Figure 3: Change in appraisals of well-being of children by children themselves (top), their parents (middle) and their teachers (bottom) respectively from T1 to T2 for children exposed to the intervention and those from control schools (after Ager et al., 2011b).

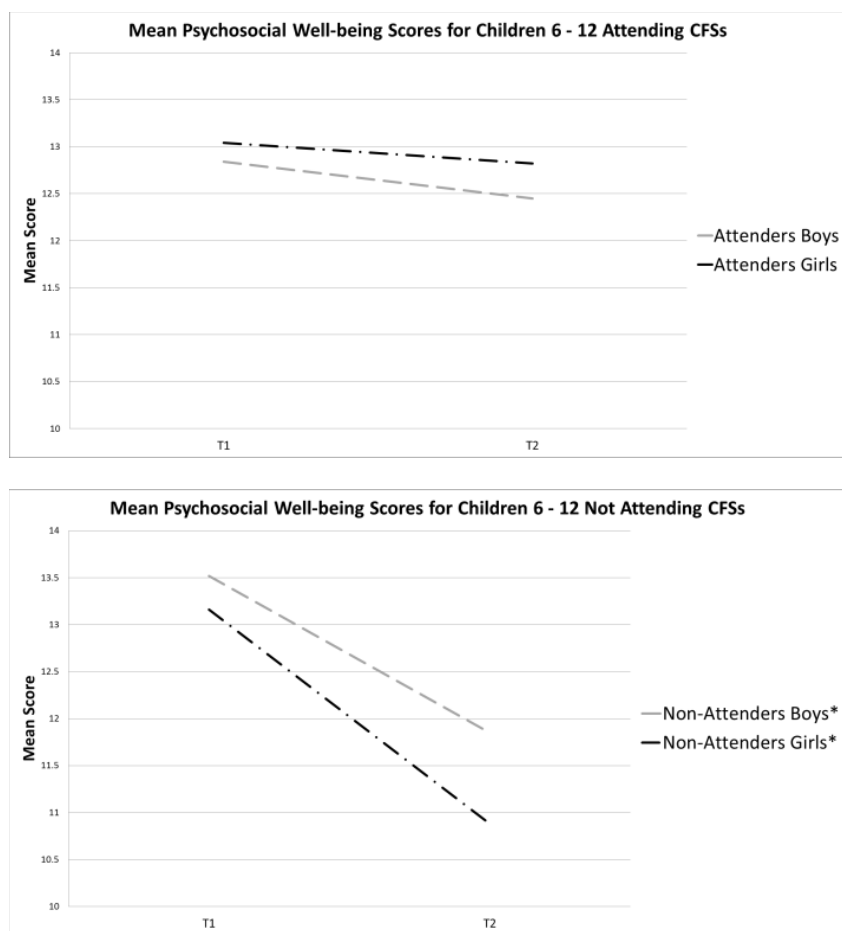


Figure 4: Psychosocial Well-being for Congolese Girls and Boys (6-12) Attending and Not Attending CFSs in Uganda (after World Vision International, 2015).

Figure 5: Representation of linkage between resources mobilized through external intervention and ongoing systems of community engagement (after PWG, 2003).

